

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

St. Thomas Health
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
4220 Harding Road
Nashville, TN 37205

Saint Thomas Network
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Saint Thomas Network
4220 Harding Pike
Nashville, TN 37205

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> History & Physical	<input checked="" type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> Consultation reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse; psychiatric treatment; HIV/Aids testing or treatment; sexually transmitted disease; and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

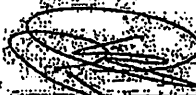
A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13

SSN: 408-83-8265

DOB: 09/01/32

DOD: 01/22/13

Signature: 

Printed Name: Pinal Patel

Address: 315 S Main St
Goodlettsville, TN 37070

Individually, As Personal
Representative of the Estate
of Gokulbhai M. Patel

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF ADMINISTRATION

13P832

TO PINAL PATEL :

It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESS Richard R. Rooker, Clerk of Probate Court, at my office, May 14, 2013



Richard R. Rooker, Clerk

D.C.

STATE OF
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of MAY, 2013.



Richard R. Rooker, Clerk

D.C.

STATE OF TENNESSEE

Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED'S LEGAL NAME (Print, Middle, Last, Initial) Gokulbhai Maganbhai Patel		2. SEX Male		3. DATE OF BIRTH (Month, Day, Year) January 22, 2013	
4. TIME OF DEATH (Approx.) 08:15 AM		5. AGE-Last Birthday (Years) 80		6. PLACE OF BIRTH (City and State or Foreign Country) Vihar, India	
7. DATE OF DEATH (Month, Day, Year) September 1, 2012					
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospital <input type="checkbox"/> Other (Specify):					
9. DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> OR IN A NURSING HOME <input type="checkbox"/> OR IN A HOME <input type="checkbox"/> OR IN A PLACE OTHER THAN A HOSPITAL <input type="checkbox"/>					
10. FACILITY NAME (If not institution, give street and number) Heritage Medical Center					
11. CITY OR TOWN Shelbyville					
12. COUNTY Bedford					
13. STATE Tennessee					
14. SOCIAL SECURITY NUMBER 408-83-8255					
15. RESIDENCE-STATE OR FOREIGN COUNTRY Tennessee					
16. STREET AND NUMBER 400 S. Cannon Blvd.					
17. CITY OR TOWN Shelbyville					
18. COUNTY Bedford					
19. ZIP CODE 37160					
20. DECEASED'S RACE (Check one or more names to indicate what the deceased was known as at birth) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Specify): <input type="checkbox"/> Other (Specify):					
21. DECEASED'S RELIGION (Check one or more names to indicate what the deceased was known as at birth) <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Jain <input type="checkbox"/> Sikh <input type="checkbox"/> Other (Specify):					
22. DECEASED'S MARRITAL STATUS (Check one) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married					
23. DECEASED'S OCCUPATION (If not a professional, give name of first occupation) Farmer					
24. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> Less than high school <input type="checkbox"/> High school graduate or GED certificate <input type="checkbox"/> Some college or less <input type="checkbox"/> Bachelor's degree (e.g., BA, BS, etc.) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEng, etc.) <input type="checkbox"/> Doctorate (e.g., PhD, MD, etc.) <input type="checkbox"/> Unknown					
25. DECEASED'S CAUSE OF DEATH (Check one or more names to indicate what the deceased was known as at birth) <input type="checkbox"/> Heart disease <input type="checkbox"/> Stroke <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Lung disease <input type="checkbox"/> Infection <input type="checkbox"/> Injury <input type="checkbox"/> Poisoning <input type="checkbox"/> Suicide <input type="checkbox"/> Unknown					
26. DECEASED'S SIGNATURE Shashikant Patel					
27. DECEASED'S ADDRESS 400 S. Cannon Blvd., Shelbyville TN 37160					
28. DECEASED'S PHONE NUMBER 408-83-8255					
29. DECEASED'S SIGNATURE James David Feldheus					
30. DECEASED'S ADDRESS Feldheus Memorial Chapel 2022 N. Main Street, Shelbyville TN 37160					
31. DECEASED'S PHONE NUMBER 408-83-8255					
32. DECEASED'S SIGNATURE James David Feldheus					
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100. DECEASED'S PHONE NUMBER 408-83-8255					

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5699318

Teresa S. Hendricks
Teresa S. Hendricks
STATE REGISTRAR

James David Feldheus
James David Feldheus
Deputy Registrar
Bedford County

Date Issued
Jan 23, 2013

CERTIFICATION OF VITAL RECORD

EXHIBIT 12



Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Kettlerer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman* Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± | Thomas G. Wilson a † ±

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
± Illinois | † Florida | * North Carolina | \$ New York | ± New Jersey | ± West Virginia | • California

December 11, 2013

CERTIFICATE OF MAILING

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Howell Allen Clinic A Professional Corporation:

Enclosed please find an amended Notice of Claim pursuant to Tennessee Code Annotated § 29-26-121. The list of names and addresses of all providers sent a Notice of Claim is amended to now include Saint Thomas Health, Saint Thomas Network, and Saint Thomas Hospital. Please note that providing this amended Notice of Claim is not an admission of any deficiency in the Notice of Claim previously sent, as Saint Thomas Health, Saint Thomas Network, and Saint Thomas Hospital are still subject to the Tolling Agreement waiving any notice requirements.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Kimberly A. Dougherty', written over a horizontal line.

Kimberly A. Dougherty

KAD

Enclosure

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± | Thomas G. Wilson III † ±

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* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | ± New Jersey | ± West Virginia | ± California

December 11, 2013

CERTIFICATE OF MAILING

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Howell Allen Clinic A Professional Corporation:

We are the attorneys representing Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, Nashville, Tennessee, Vaughn A. Allen, M.D., St. Thomas Health, St. Thomas Hospital (St. Thomas West Hospital) and Saint Thomas Network, including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of Howell Allen Clinic A Professional Corporation to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

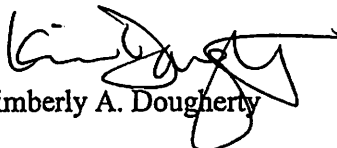
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via first-class mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

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Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
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Vaughn A. Allen, M.D.
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St. Thomas Health
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
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4220 Harding Road
Nashville, TN 37205

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c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Saint Thomas Network
4220 Harding Pike
Nashville, TN 37205

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> History & Physical	<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> Consultation reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13

SSN: 408-83-8265


DOB: 09/01/32

DOD: 01/22/13

Signature: _____

Printed Name: _____

Address: _____


Pinal Patel
315 S Main St
Goodlettsville, TN 37072

Individually, As Personal
Representative of the Estate
of Gokulbhai M. Patel

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF ADMINISTRATION

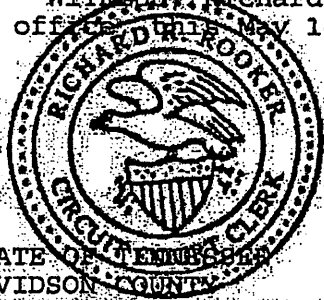
13P832

TO PINAL PATEL :

It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESSES Richard R. Rooker, Clerk of Probate Court, at my office this May 14, 2013



Richard R. Rooker, Clerk

D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of May, 2013.



Richard R. Rooker, Clerk

D.C.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

STATE FILE # 12-00000

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) Gokubhai Maganbhai Patel				2. SEX Male		3. DATE OF BIRTH (Month, Day, Year) January 22, 1913	
4. TIME OF DEATH (Approx.) 08:15 AM		5. AGE-Last Birthday (Years) 80		6. DECEASED AT Home		7. PLACE OF BIRTH (Month, Day, Year) Vijay, India	
8. PLACE OF DEATH (Month, Day, Year) September 1, 1992							
9. DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Other							
10. DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Nursing home <input type="checkbox"/> Home <input type="checkbox"/> Other							
11. FACILITY NAME (If not residence, give street and number) Heritage Medical Center							
12. CITY OR TOWN Shelbyville							
13. COUNTY OF BIRTH Bedford							
14. COUNTY OF DEATH Bedford							
15. SOCIAL SECURITY NUMBER 408-83-0255							
16. RESIDENCE-STATE OR FOREIGN COUNTRY Tennessee							
17. STREET AND NUMBER 400 S. Cannon Blvd.							
18. ZIP CODE 37160							
19. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input checked="" type="checkbox"/> High school or less <input type="checkbox"/> High school graduate, no diploma <input type="checkbox"/> High school graduate or GED certificate <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS, BSc) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MHA, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD, or Professional degree (e.g., MD, DDS, DVM, LL.M., J.D.) <input type="checkbox"/> Unknown							
20. DECEASED'S OCCUPATION (Check the box that best describes what the decedent did for a living at the time of death) <input checked="" type="checkbox"/> Farmer <input type="checkbox"/> Other							
21. DECEASED'S RACE (Check one or more boxes to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown							
22. FATHER'S NAME (First, Middle, Last) Yaganbhai Mohibhai							
23. MOTHER'S NAME (First, Middle, Last) Premiben Maganbhai							
24. RELATIONSHIP TO DECEASED Son							
25. ADDRESS (Street and Number, City, State, Zip Code) 400 S. Cannon Blvd., Shelbyville TN 37160							
26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Moore Corner Funeral Home							
27. LOCATION (City or Town and State) Winchester TN							
28. SIGNATURE OF DECEASED N/A							
29. SIGNATURE OF FUNERAL DIRECTOR James David Feldhaus							
30. NAME AND ADDRESS OF FUNERAL HOME Feldhaus Memorial Chapel 2022 N. Main Street Shelbyville TN 37160							
31. SIGNATURE OF DECEASED James David Feldhaus							
32. DATE FILLED (Month, Day, Year) Jan 23 2013							
33. PHYSICIAN (To the best of my knowledge, death occurred at the date and place, and due to the causes and manner stated) <input checked="" type="checkbox"/> MEDICAL EXAMINER - On the basis of investigation, either knowledge, in my opinion, death occurred at the date, and place, and due to the causes and manner stated.							
34. SIGNATURE OF DECEASED James David Feldhaus							
35. DATE FILLED (Month, Day, Year) 1/22/13							
36. NAME AND ADDRESS Mahmud Fatur, MD 2762 HAY 231 North Shelbyville TN 37160							
37. DATE OF DEATH Jan 23 2013							
38. SIGNATURE OF DECEASED James David Feldhaus							
39. DATE FILLED (Month, Day, Year) 1/22/13							
40. NAME AND ADDRESS Mahmud Fatur, MD 2762 HAY 231 North Shelbyville TN 37160							
41. DATE OF DEATH Jan 23 2013							
42. SIGNATURE OF DECEASED James David Feldhaus							
43. DATE FILLED (Month, Day, Year) 1/22/13							
44. NAME AND ADDRESS Mahmud Fatur, MD 2762 HAY 231 North Shelbyville TN 37160							
45. DATE OF DEATH Jan 23 2013							
46. SIGNATURE OF DECEASED James David Feldhaus							
47. DATE FILLED (Month, Day, Year) 1/22/13							
48. NAME AND ADDRESS Mahmud Fatur, MD 2762 HAY 231 North Shelbyville TN 37160							
49. DATE OF DEATH Jan 23 2013							
50. SIGNATURE OF DECEASED James David Feldhaus							
51. DATE FILLED (Month, Day, Year) 1/22/13							
52. NAME AND ADDRESS Mahmud Fatur, MD 2762 HAY 231 North Shelbyville TN 37160							
53. DATE OF DEATH Jan 23 2013							
54. SIGNATURE OF DECEASED James David Feldhaus							
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64. NAME AND ADDRESS Mahmud Fatur, MD 2762 HAY 231 North Shelbyville TN 37160							
65. DATE OF DEATH Jan 23 2013							
66. SIGNATURE OF DECEASED James David Feldhaus							
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68. NAME AND ADDRESS Mahmud Fatur, MD 2762 HAY 231 North Shelbyville TN 37160							
69. DATE OF DEATH Jan 23 2013							
70. SIGNATURE OF DECEASED James David Feldhaus							
71. DATE FILLED (Month, Day, Year) 1/22/13							
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73. DATE OF DEATH Jan 23 2013							
74. SIGNATURE OF DECEASED James David Feldhaus							
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76. NAME AND ADDRESS Mahmud Fatur, MD 2762 HAY 231 North Shelbyville TN 37160							
77. DATE OF DEATH Jan 23 2013							
78. SIGNATURE OF DECEASED James David Feldhaus							
79. DATE FILLED (Month, Day, Year) 1/22/13							
80. NAME AND ADDRESS Mahmud Fatur, MD 2762 HAY 231 North Shelbyville TN 37160							
81. DATE OF DEATH Jan 23 2013							
82. SIGNATURE OF DECEASED James David Feldhaus							
83. DATE FILLED (Month, Day, Year) 1/22/13							
84. NAME AND ADDRESS Mahmud Fatur, MD 2762 HAY 231 North Shelbyville TN 37160							
85. DATE OF DEATH Jan 23 2013							
86. SIGNATURE OF DECEASED James David Feldhaus							
87. DATE FILLED (Month, Day, Year) 1/22/13							
88. NAME AND ADDRESS Mahmud Fatur, MD 2762 HAY 231 North Shelbyville TN 37160							

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5699318

Teresa S. Handricks
STATE REGISTRAR

Deputy Registrar
Berford County

Date Issued: Jan 73 7013

CERTIFICATION OF VITAL RECORD

EXHIBIT 13



Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman* Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± ± | Thomas G. Wilson ± †

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
± Illinois | † Florida | * North Carolina | \$ New York | ± New Jersey | * West Virginia | * California

December 11, 2013

CERTIFICATE OF MAILING

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Saint Thomas Outpatient Neurosurgical Center, LLC:

Enclosed please find an amended Notice of Claim pursuant to Tennessee Code Annotated § 29-26-121. The list of names and addresses of all providers sent a Notice of Claim is amended to now include Saint Thomas Health, Saint Thomas Network, and Saint Thomas Hospital. Please note that providing this amended Notice of Claim is not an admission of any deficiency in the Notice of Claim previously sent, as Saint Thomas Health, Saint Thomas Network, and Saint Thomas Hospital are still subject to the Tolling Agreement waiving any notice requirements.

Very truly yours,

Kimberly A. Dougherty

KAD

Enclosure

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzeko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ‡ | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
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Seth L. Cardeli \$* | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$* ± | Joel M. Rubenstein \$* ± | Thomas G. Wilson † ±

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | * New Jersey | * West Virginia | ♦ California

December 11, 2013

CERTIFICATE OF MAILING

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Saint Thomas Outpatient Neurosurgical Center, LLC:

We are the attorneys representing Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, Nashville, Tennessee, Vaughn A. Allen, M.D., St. Thomas Health, St. Thomas Hospital (St. Thomas West Hospital) and Saint Thomas Network, including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care,

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-4265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

medicines and services provided by employees and/or agents of Saint Thomas Outpatient Neurosurgical Center, LLC to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

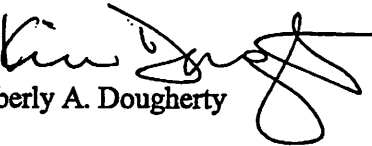
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info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Very truly yours,


Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via first-class mail*)

MASSACHUSETTS OFFICE:

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

St. Thomas Health
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
4220 Harding Road
Nashville, TN 37205

Saint Thomas Network
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Saint Thomas Network
4220 Harding Pike
Nashville, TN 37205

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
		Steroid Injection
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> History & Physical	<input checked="" type="checkbox"/> Information [e.g., manufacturer, Lot #]
<input checked="" type="checkbox"/> Laboratory reports	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> Consultation reports	Test Results [e.g., Spinal
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> Surgery & Pathology reports	<input checked="" type="checkbox"/> Tap]
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____


A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13

SSN: 408-83-8265

DOB: 09/01/32

DOD: 01/22/13

Signature: 

Printed Name: Pinal Patel

Address: 315 S Main St

Goodlettsville, TN 37072

Individually, As Personal
Representative of the Estate
of Gokulbhai M. Patel

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
LETTERS OF ADMINISTRATION

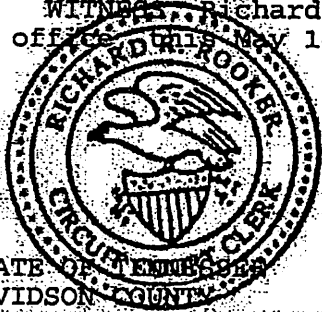
13P832

TO PINAL PATEL :

It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESSES Richard R. Rooker, Clerk of Probate Court, at my office this 14th day of May, 2013



Richard R. Rooker, Clerk

[Signature] D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of May, 2013.



Richard R. Rooker, Clerk

[Signature] D.C.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH


STATE FILE NUMBER

1. DECEASED'S LEGAL NAME (Last, First, Middle, Last, Jr/Jr, II)		2. SEX		3. DATE OF BIRTH (Month, Day, Year)	
Gokulbhai Maganbhai Patel		Male		January 23, 2013	
4. TIME OF DEATH (Month, Day, Year)		5. PLACE OF DEATH (City or Town)		7. BIRTHPLACE (City and State or Foreign Country)	
DE: 15 AM		Shelbyville		Vibhav, India	
8. PLACE OF DEATH (Check only one)					
<input type="checkbox"/> DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL					
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> At home <input type="checkbox"/> Nursing home <input type="checkbox"/> Other residence <input type="checkbox"/> Other (Specify)					
9. FACILITY NAME (If not institution, give street and number)					
Heritage Medical Center					
10. SOCIAL SECURITY NUMBER					
408-83-8265					
11. RESIDENCE-STATE OR FOREIGN COUNTRY					
Tennessee					
12. STREET AND ADDRESS					
400 S. Cannon Blvd.					
13. DECEASED'S OCCUPATION					
Farmer					
14. DECEASED'S RACE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other (Specify)					
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Specify)					
15. DECEASED'S RELIGION (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> None <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Other (Specify)					
16. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
17. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
18. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
19. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
20. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
21. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
22. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
23. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
24. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
25. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
26. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
27. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
28. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
29. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
30. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
31. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
32. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
33. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
34. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
35. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
36. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
37. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
38. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
39. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
40. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
41. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
42. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
43. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
44. DECEASED'S MARRIAGE (Check one or more (circle to indicate what the decedent identified himself or herself to be))					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)					
45. DECEASED'S MARRI					

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5699318


Teresa S. Hendricks
STATE REGISTRAR

Deputy Registrar
Bedford County

Date Issued: Jan 23 2013

CERTIFICATION OF VITAL RECORD



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.*
Dov Apfel* | Stephen C. Offutt* | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Kettler*

Sharon R. Guzejko* | Kimberly A. Dougherty* | Francis M. Hinson, IV* | Hal J. Kleinman* | Tara J. Posner* | Elisha N. Hawk*
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn*
Seth L. Cardeli\$ | Samuel M. Collings* | William F. Burnham*

OF COUNSEL

John C. Henaley, Jr.* | Steven J. German\$ | Joel M. Rubenstein\$ | Thomas G. Wilson*

BAR MEMBERSHIPS

* Maryland | * South Carolina | * Massachusetts | * District of Columbia | * Minnesota | * Pennsylvania
* Illinois | * Florida | * North Carolina | * New York | * New Jersey | * West Virginia | * California

December 11, 2013

CERTIFICATE OF MAILING

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Saint Thomas Outpatient Neurosurgical Center, LLC:

Enclosed please find an amended Notice of Claim pursuant to Tennessee Code Annotated § 29-26-121. The list of names and addresses of all providers sent a Notice of Claim is amended to now include Saint Thomas Health, Saint Thomas Network, and Saint Thomas Hospital. Please note that providing this amended Notice of Claim is not an admission of any deficiency in the Notice of Claim previously sent, as Saint Thomas Health, Saint Thomas Network, and Saint Thomas Hospital are still subject to the Tolling Agreement waiving any notice requirements.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Kimberly A. Dougherty', written over a circular stamp.

Kimberly A. Dougherty

KAD

Enclosure

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Brownie* | Joyce E. Jories* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± | Thomas G. Wilson ± † ±

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
± Illinois | † Florida | ° North Carolina | \$ New York | ± New Jersey | ± West Virginia | ± California

December 11, 2013

CERTIFICATE OF MAILING

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Saint Thomas Outpatient Neurosurgical Center, LLC:

We are the attorneys representing Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, Nashville, Tennessee, Vaughn A. Allen, M.D., St. Thomas Health, St. Thomas Hospital (St. Thomas West Hospital) and Saint Thomas Network, including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care,

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

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info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

medicines and services provided by employees and/or agents of Saint Thomas Outpatient Neurosurgical Center, LLC to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

MASSACHUSETTS OFFICE

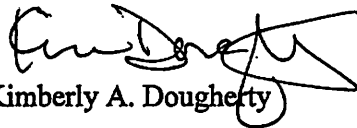
Kimberly A. Dougherty, Managing Attorney

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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via first-class mail*)

MASSACHUSETTS OFFICE
Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 305 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
Info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

St. Thomas Health
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
4220 Harding Road
Nashville, TN 37205

Saint Thomas Network
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Saint Thomas Network
4220 Harding Pike
Nashville, TN 37205

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
		Steroid Injection Information [e.g., manufacturer, Lot #]
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> History & Physical	<input checked="" type="checkbox"/> Color copies of any photographs
<input checked="" type="checkbox"/> Laboratory reports	<input checked="" type="checkbox"/> Discharge summary	Test Results [e.g., Spinal Tap]
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> Consultation reports	
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives; at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13

SSN: 408-83-8265

DOB: 09/01/32

DOD: 01/22/13

Signature: 

Printed Name: Pinal Patel

Address: 315 S Main St
Bradlettsville, TN 37012

Individually, As Personal
Representative of the Estate
of Gokulbhai M. Patel

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
LETTERS OF ADMINISTRATION

13P832

TO PINAL PATEL :


It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESSES Richard R. Rooker, Clerk of Probate Court, at my office, Nashville, TN, 14, 2013



Richard R. Rooker, Clerk

 D.C.


STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of 13, 2013.



Richard R. Rooker, Clerk

 D.C.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED'S LEGAL NAME (Print, Middle, Last, Suffix) Gokulbhai Maganbhai Patel				2. SEX Male		3. DATE OF BIRTH (Month, Day, Year) January 22, 2013	
4. TIME OF DEATH (Approx.) 08:15 AM		5. AGE (Last Birthday) (Years) 80		6. UNDER 1 YEAR Months: _____ Days: _____		7. MONTHLY PLACE (City and State or Foreign Country) Vihar, India	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> At home <input type="checkbox"/> In a hospital <input type="checkbox"/> In a nursing home <input type="checkbox"/> In a long-term care facility <input type="checkbox"/> In a hospital (Specify) _____							
9. DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other _____				10. DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home <input type="checkbox"/> Long-term care facility <input type="checkbox"/> Other (Specify) _____			
11. FACILITY NAME (If not permanent, give date and location) Heritage Medical Center				12. CITY OR TOWN Shelbyville		13. COUNTY OF DEATH Bedford	
14. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married				15. DECEASED'S OCCUPATION Farmer		16. TYPE OF BUSINESS/INDUSTRY Agriculture	
17. SOCIAL SECURITY NUMBER 408-83-8255				18. RESIDENCE-STATE OR FOREIGN COUNTRY Tennessee		19. CITY OR TOWN Shelbyville	
20. STREET AND NUMBER 400 S. Cannon Blvd.				21. ZIP CODE 37160		22. DECEASED'S HOME PHONE <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input checked="" type="checkbox"/> High school or less <input type="checkbox"/> HS + 1-24 credits, not diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., M.A., M.S., M.D., M.B.A.) <input type="checkbox"/> Doctorate (e.g., Ph.D., Ed.D., or Professional degree) (e.g., M.D., D.D.S., D.V.M., J.D.) <input type="checkbox"/> Unknown				24. DECEASED'S MARRIAGE (Check the box that best describes whether the decedent is deceased or not presently married) <input checked="" type="checkbox"/> Yes, not presently married <input type="checkbox"/> Yes, present <input type="checkbox"/> Yes, present (Specify) _____ <input type="checkbox"/> Unknown			
25. DECEASED'S RACE (Check one or more boxes to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Person of the specified or principal race <input checked="" type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown							
26. FATHER'S NAME (Print, Middle, Last) Maganbhai Motibhai				27. MOTHER'S NAME (Print, Middle, Last) Premiben Maganbhai			
28. INFORMANT'S NAME Shashikant Patel				29. RELATIONSHIP TO DECEASED Son			
30. METHOD OF DEPOSITION <input type="checkbox"/> Declaration <input type="checkbox"/> Interment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____				31. PLACE OF DEPOSITION (Name of cemetery, cemetery, other place) Moore Corner Funeral Home			
32. SIGNATURE OF FUNERAL DIRECTOR James David Feldhaus				33. LICENSE NUMBER 4605		34. SIGNATURE OF FUNERAL HOME N/A	
35. NAME AND ADDRESS OF FUNERAL HOME Feldhaus Memorial Chapel 2022 N. Main Street Shelbyville TN 37160				36. LICENSE NUMBER OF FUNERAL HOME 1044		37. SIGNATURE OF FUNERAL HOME N/A	
38. DECEASED'S SIGNATURE Uana E. Koz (DR)				39. DATE FIELD (Month, Day, Year) Jan 23 2013			
40. EXAMINER (Check only one) <input checked="" type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> MEDICAL EXAMINER - On the basis of postmortem and/or investigation, in my opinion, death occurred at the date, place, and due to the cause(s) and manner stated.							
41. SIGNATURE OF EXAMINER [Signature]				42. LICENSE NUMBER 37844		43. DATE FIELD (Month, Day, Year) 112213	
44. NAME AND ADDRESS Mahamed Fawzi, MD 2762 HWY 231 North Shelbyville TN 37160							
45. PART I. Enter the phrase or phrases (all present, hyphenated, or paraphrased) that actually caused the death. Do NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Color only one cause on a line. CAD, INDM, Fungal meningitis							
46. IMMEDIATE CAUSE (Final disease or condition resulting in death) COPD							
47. UNDERLYING CAUSE (Any condition, if any, leading to the cause listed on line 46. Enter the UNDERLYING CAUSE (Cause of injury that initiated the events resulting in death last). CAD, INDM, Fungal meningitis							
48. PART II. Enter a statement (or statements) (or both) that not resulting in the underlying cause given in PART I. CAD, INDM, Fungal meningitis							
49. WERE AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No							
50. WERE AN AUTOPSY PERFORMED AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No							
51. CAUSE OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined							
52. DATE OF DEATH Jan 23 2013							
53. TIME OF DEATH 08:15 AM							
54. DATE OF DEATH Jan 23 2013							
55. TIME OF DEATH 08:15 AM							
56. DATE OF DEATH Jan 23 2013							
57. TIME OF DEATH 08:15 AM							
58. DATE OF DEATH Jan 23 2013							
59. TIME OF DEATH 08:15 AM							
60. DATE OF DEATH Jan 23 2013							
61. TIME OF DEATH 08:15 AM							
62. DATE OF DEATH Jan 23 2013							
63. TIME OF DEATH 08:15 AM							
64. DATE OF DEATH Jan 23 2013							
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67. TIME OF DEATH 08:15 AM							
68. DATE OF DEATH Jan 23 2013							
69. TIME OF DEATH 08:15 AM							
70. DATE OF DEATH Jan 23 2013							
71. TIME OF DEATH 08:15 AM							
72. DATE OF DEATH Jan 23 2013							
73. TIME OF DEATH 08:15 AM							
74. DATE OF DEATH Jan 23 2013							
75. TIME OF DEATH 08:15 AM							
76. DATE OF DEATH Jan 23 2013							
77. TIME OF DEATH 08:15 AM							
78. DATE OF DEATH Jan 23 2013							
79. TIME OF DEATH 08:15 AM							
80. DATE OF DEATH Jan 23 2013							
81. TIME OF DEATH 08:15 AM							
82. DATE OF DEATH Jan 23 2013							
83. TIME OF DEATH 08:15 AM							
84. DATE OF DEATH Jan 23 2013							
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86. DATE OF DEATH Jan 23 2013							
87. TIME OF DEATH 08:15 AM							
88. DATE OF DEATH Jan 23 2013							
89. TIME OF DEATH 08:15 AM							
90. DATE OF DEATH Jan 23 2013							
91. TIME OF DEATH 08:15 AM							
92. DATE OF DEATH Jan 23 2013							
93. TIME							

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5699318

T. S. Hendricks
Teresa S. Hendricks
STATE REGISTRAR

Deputy Registrar
Bedford County

Date Issued
Jan 73, 2013

CERTIFICATION OF VITAL RECORD

EXHIBIT 14



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman* Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli § ± | Samuel M. Collinge* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German § ± ± | Joel M. Rubenstein § ± | Thomas G. Wilson ± † ±

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
± Illinois | † Florida | ± North Carolina | § New York | ± New Jersey | ± West Virginia | ± California

December 11, 2013

CERTIFICATE OF MAILING

Vaughn A. Allen, M.D.
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Vaughn A. Allen, M.D:

Enclosed please find an amended Notice of Claim pursuant to Tennessee Code Annotated § 29-26-121. The list of names and addresses of all providers sent a Notice of Claim is amended to now include Saint Thomas Health, Saint Thomas Network, and Saint Thomas Hospital. Please note that providing this amended Notice of Claim is not an admission of any deficiency in the Notice of Claim previously sent, as Saint Thomas Health, Saint Thomas Network, and Saint Thomas Hospital are still subject to the Tolling Agreement waiving any notice requirements.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Kimberly A. Dougherty', written over a horizontal line.

Kimberly A. Dougherty

KAD

Enclosure

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$* | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$* ± | Joel M. Rubenstein \$* | Thomas G. Wilson † ±

BAR MEMBERSHIPS

*Maryland | • South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | ± New Jersey | ± West Virginia | ± California

December 11, 2013

CERTIFICATE OF MAILING

Vaughan A. Allen, M.D.
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Vaughan A. Allen:

We are the attorneys representing Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, Nashville, Tennessee, Vaughn A. Allen, M.D., St. Thomas Health, St. Thomas Hospital (St. Thomas West Hospital) and Saint Thomas Network, including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by you, your employees and/or agents to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-4265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116


Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

Enclosures

MASSACHUSETTS OFFICE
Kimberly A. Dougherty, Managing Attorney
31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via first-class mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

St. Thomas Health
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
4220 Harding Road
Nashville, TN 37205

Saint Thomas Network
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Saint Thomas Network
4220 Harding Pike
Nashville, TN 37205

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
		Steroid Injection Information [e.g., manufacturer, Lot #]
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> History & Physical	<input checked="" type="checkbox"/> Color copies of any photographs
<input checked="" type="checkbox"/> Laboratory reports	<input checked="" type="checkbox"/> Discharge summary	Test Results [e.g., Spinal Tap]
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> Consultation reports	
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13

SSN: 408-83-8265

DOB: 09/01/32

DOD: 01/22/13

Signature: 

Printed Name: Pinal Patel

Address: 315 S Main St
Goodlettsville, TN 37072

Individually, As Personal
Representative of the Estate
of Gokulbhai M. Patel

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF ADMINISTRATION

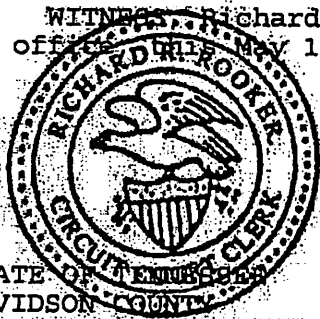
13P832

TO PINAL PATEL :


It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESS Richard R. Rooker, Clerk of Probate Court, at my office this May 14, 2013



Richard R. Rooker, Clerk

 D.C.


STATE OF
DAVIDSON

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of May, 2013.



Richard R. Rooker, Clerk

 D.C.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED'S USUAL NAME (Print, Middle, Last, Full) Golubchik Maganbhai Patel				2. SEX Male		3. DATE OF BIRTH (Month, Day, Year) January 22, 2013	
4. TIME OF DEATH (Approx.) 09:15 AM		5a. AGE Last Birthday (Years) 80		5b. DECEASED'S SEX Months _____ Days _____ Hours _____ Minutes _____		6. DATE OF BIRTH (Month, Day, Year) September 1, 1932	
7. PLACE OF BIRTH (City and State only and) Vian, India							
8. DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL, <input type="checkbox"/> 8a. FACILITY NAME (First institution, give street and number) Heritage Medical Center 8b. CITY OR TOWN Shelbyville 8c. COUNTY OF BIRTH Bedford 8d. TYPE OF BUSINESS/INDUSTRY Agriculture 8e. CITY OR TOWN Shelbyville 8f. DECEASED'S USUAL OCCUPATION Farmer 8g. DECEASED'S USUAL RESIDENCE 400 S. Cannon Blvd. 8h. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8i. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8j. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8k. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8l. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8m. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8n. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8o. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8p. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8q. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8r. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8s. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8t. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8u. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8v. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8w. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8x. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8y. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8z. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8aa. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8ab. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8ac. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8ad. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8ae. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8af. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8ag. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8ah. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8ai. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8aj. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8ak. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8al. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8am. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8an. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8ao. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8ap. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8aq. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8ar. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8as. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8at. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8au. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8av. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8aw. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8ax. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8ay. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8az. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8ba. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8bb. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8bc. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8bd. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8be. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8bf. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8bg. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8bh. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8bi. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8bj. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8bk. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8bl. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8bm. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8bn. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8bo. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8bp. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8bq. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8br. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8bs. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8bt. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8bu. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8bv. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8bw. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8bx. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8by. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8bz. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8ca. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8cb. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8cc. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8cd. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8ce. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8cf. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8cg. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8ch. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8ci. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8cj. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8ck. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8cl. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8cm. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8cn. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8co. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8cp. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8cq. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8cr. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8cs. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8ct. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8cu. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8cv. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8cw. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8cx. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8cy. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8cz. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8da. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8db. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8dc. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8dd. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8de. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8df. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8dg. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8dh. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8di. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8dj. DECEASED'S USUAL PHONE NUMBER 408-83-8265 8dk. DECEASED'S USUAL ADDRESS 400 S. Cannon Blvd. 8dl. DECEASED'S USUAL PHONE NUMBER 408-83-8265 <							

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5699318

Teresa S. Handricks
STATE REGISTRAR

Deputy Registrar
Bedford County

Date Issued: Jan 23, 2013

CERTIFICATION OF VITAL RECORD

EXHIBIT 15



Certificate Of Mail

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From:



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

1000



U.S. POSTAGE
PAID
BOSTON, MA
DEC 11, 2013
\$1.20
00068511-08

To: St. Thomas Hospital (St. Thomas West Hospital)
40 Bagdad AVE, E. Berry Hill, IL
102 Woodmont Blvd, Ste 800
Nashville, TN 37205-2221

PS Form 3817, April 2007 PSN 7530-02-000-9065



Certificate Of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From:



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

1000



U.S. POSTAGE
PAID
BOSTON, MA
DEC 11, 2013
\$1.20
00068511-08

To: St. Thomas Hospital (St. Thomas West Hospital)
400 Harding Rd.
Nashville, TN 37205

PS Form 3817, April 2007 PSN 7530-02-000-9065



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This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From:



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

1000



U.S. POSTAGE
PAID
BOSTON, MA
DEC 11, 2013
\$1.20
00068511-08

To: St. Thomas Network
40 Bagdad AVE, E. Berry Hill, IL
102 Woodmont Blvd, Ste 800
Nashville, TN 37205-2221

PS Form 3817, April 2007 PSN 7530-02-000-9065



Certificate Of Mail

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From:



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

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U.S. POSTAGE
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BOSTON, MA
DEC 11, 2013
\$1.20
00068511-08

To: St. Thomas Network
400 Harding Ave
Nashville, TN 37205

PS Form 3817, April 2007 PSN 7530-02-000-9065



Certificate Of Mail

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mail. This form may be used for domestic and international mail.

From:



Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

To:

SJ. Thomas Heath

c/o Registered Agent: E. Berry Holt, III

100 Woodmont Blvd. Ste 800

Nashville, TN

PS Form 3817, April 2007 PSN 7530-02-000-9065

1000



U.S. POSTAGE
PAID
BOSTON, MA
DEC 11, 2013
\$1.20
00068511-08



Certificate Of Mail

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mail. This form may be used for domestic and international mail.

From: **J&S Janet, Jenner & Suggs, LLC**
ATTORNEYS AT LAW

31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

To: **St. Thomas Outpatient Neurosurgical Ctr, LLC**
Ch Gregory B. Lanford, Registered Agent
2011 Murphy Ave, Ste 301
Nashville, TN 37203-2023

PS Form 3817, April 2007 PSN 7530-02-000-9065

1000

\$1.20
00068511-08U.S. POSTAGE
PAID
BOSTON, MA
02116
DEC 11, 13
INCLNT

Certificate Of Mail

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From: **J&S Janet, Jenner & Suggs, LLC**
ATTORNEYS AT LAW

31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

To: **St. Thomas Outpatient Neurosurgical Ctr, LLC**
Floor 9,
450 Harding Pike
Nashville, TN 37203-2013

PS Form 3817, April 2007 PSN 7530-02-000-9065

1000

\$1.20
00068511-08U.S. POSTAGE
PAID
BOSTON, MA
02116
DEC 11, 13
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or



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From: **J&S Janet, Jenner & Suggs, LLC**
ATTORNEYS AT LAW

31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

To: **Howell Allen Clinic A Professional Corporation**
Ch Gregory B. Lanford, M.D., Registered Agent
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

PS Form 3817, April 2007 PSN 7530-02-000-9065

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From: **J&S Janet, Jenner & Suggs, LLC**
ATTORNEYS AT LAW

31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

To: **Vaughan A. Allen, M.D.**
2011 Murphy Ave. Ste 301
Nashville, TN 37203-2023

PS Form 3817, April 2007 PSN 7530-02-000-9065

1000

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DEC 11, 13
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EXHIBIT B

IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF TENNESSEE

PINAL PATEL, Individually, As Personal)	
Representative of the Estate of GOKULBHAI)	
MAGANBHAI PATEL, Deceased, and on)	
Behalf of the Beneficiaries of the Estate,)	
)	
Plaintiffs,)	Case No.
)	JURY DEMAND
v.)	
)	
AMERIDOSE, LLC, MEDICAL SALES)	
MANAGEMENT, INC., MEDICAL SALES)	
MANAGEMENT SW, INC., GDC)	
PROPERTIES MANAGEMENT, LLC, ARL)	
BIO PHARMA, INC. D/B/A ANALYTICAL)	
RESEARCH LABORATORIES, BARRY J.)	
CADDEN, GREGORY CONIGLIARO, LISA)	
CONIGLIARO CADDEN, DOUGLAS)	
CONIGLIARO, CARLA CONIGLIARO,)	
GLENN A. CHIN, SAINT THOMAS)	
OUTPATIENT NEUROSURGICAL CENTER,)	
LLC, HOWELL ALLEN CLINIC A)	
PROFESSIONAL CORPORATION, VAUGHN)	
A. ALLEN, M.D.,)	

Defendants.

CERTIFICATE OF GOOD FAITH

Medical Malpractice Case

PLAINTIFF'S FORM

A. In accordance with T.C.A. § 29-26-122, I hereby state the following: (Check item 1 or 2 below and sign your name beneath the item you have checked, verifying the information you have checked. Failure to check item 1 or 2 and/or not signing item 1 or 2 will make this case subject to dismissal with prejudice.)

- ☐ 1. The Plaintiff or Plaintiff's counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

(A) Are competent under § 29-26-115 to express an opinion or opinions in the case; and

(B) Believe, based on the information available from the medical records concerning the care and treatment of the Plaintiff for the incident or incidents at issue, that there is a good faith basis to maintain the action consistent with the requirements of § 29-26-115.

Signature of Plaintiff if not represented, or
Signature of Plaintiff's Counsel

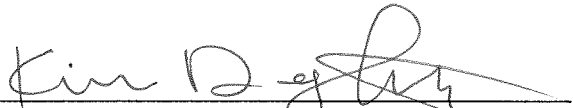
Or



2. The Plaintiff or Plaintiff's counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

(A) Are competent under § 29-26-115 to express an opinion or opinions in the case; and


(B) Believe, based on the information available from the medical records reviewed concerning the care and treatment of the Plaintiff for the incident or incidents at issue and, as appropriate, information from the Plaintiff or others with knowledge of the incident or incidents at issue, that they are facts material to the resolution of the case that cannot be reasonably ascertained from the medical records or information reasonably available to the Plaintiff or Plaintiff's counsel; and that, despite the absence of this information, there is a good faith basis for maintaining the action as to each Defendant consistent with the requirements of § 29-26-115. Refusal of the defendant to release the medical records in a timely fashion or where it is impossible for the Plaintiff to obtain the medical records shall waive the requirement that the expert review the medical records prior to expert certification.



Signature of Plaintiff if not represented, or
Signature of Plaintiff's Counsel

B. You MUST complete the information below and sign:

I have been found in violation of T.C.A. § 29-26-122 0 prior times. (Insert number of prior violations by you.)



Signature of Person Executing This Document

12/2/2013
Date

JS 44 (Rev. 09/11)

CIVIL COVER SHEET

The JS 44 civil coversheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

PINAL PATEL, Individually, and as Personal Representative of the Estate of GOKULBHAI MAGANBHAI PATEL, Deceased, and on behalf of the Beneficiaries of the Estate

(b) County of Residence of First Listed Plaintiff Davidson County, TN
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)
See Attached Sheet

DEFENDANTS

AMERIDOSE LLC, MEDICAL SALES MANAGEMENT INC., GDC PROPERTIES MANAGEMENT, LLC, BARRY J. CADDEN, LISA CONIGLIARO CADDEN, GLENN A. CHIN, et al.

County of Residence of First Listed Defendant Davidson County, TN
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
☐ 2 U.S. Government Defendant
☐ 3 Federal Question (U.S. Government Not a Party)
☒ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|---------------------------------------|----------------------------|---|----------------------------|---------------------------------------|
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input checked="" type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Med. Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input checked="" type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609		
IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee (Prisoner Petition) <input type="checkbox"/> 465 Other Immigration Actions					

V. ORIGIN

(Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
☐ 2 Removed from State Court
☐ 3 Remanded from Appellate Court
☐ 4 Reinstated or Reopened
☐ 5 Transferred from another district (specify)
☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
28 U.S.C.A. § 1332

Brief description of cause:
Defective Medical Product

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23
DEMAND \$ 5,000,000.00

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No**VIII. RELATED CASE(S) IF ANY**

(See instructions):

JUDGE F. Dennis SaylorDOCKET NUMBER 1:13-md-02419-FDS

DATE

12/17/2013

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

Court Name: U. S. District Court, MD/TN
Division: 3
Receipt Number: 34675029546
Cashier ID: ehawkins
Transaction Date: 12/17/2013
Payer Name: RAYMOND THROCKMORTON

CIVIL FILING FEE
For: RAYMOND THROCKMORTON
Case/Party: D-TNM-3-13-CV-001416-001
Amount: \$400.00

CREDIT CARD
Amt Tendered: \$400.00

Total Due: \$400.00
Total Tendered: \$400.00
Change Amt: \$0.00